BLOOMFIELD MANOR NURSING HOME

3151 COUNTY ROAD CH

DODGEVILLE 53533 Phone: (608) 935-3321 Ownership: County Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/02): Total Licensed Bed Capacity (12/31/02): 91 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/02: Average Daily Census:

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/02) %						
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	્ર	Age Groups	%	Less Than 1 Year 1 - 4 Years	41.5 32.3	
Supp. Home Care-Household Services	No	Developmental Disabilities	1.5	Under 65	3.1	More Than 4 Years	26.2	
Day Services	No	Mental Illness (Org./Psy)	47.7	65 - 74	10.8	I		
Respite Care	Yes	Mental Illness (Other)	1.5	75 - 84	36.9	I	100.0	
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	46.2	********	*****	
Adult Day Health Care No		Para-, Quadra-, Hemiplegic	3.1	95 & Over	3.1	1 Full-Time Equivalent - Nursing Staff per 100 Residen		
Congregate Meals No		Cancer	3.1					
Home Delivered Meals	No	Fractures	1.5		100.0	(12/31/02)		
Other Meals	No	Cardiovascular	10.8	65 & Over	96.9			
Transportation	No	Cerebrovascular	4.6			RNs	16.7	
Referral Service	No	Diabetes	6.2	Sex	양	LPNs	5.3	
Other Services	No	Respiratory		7.7		Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	12.3	Male	41.5	Aides, & Orderlies	54.2	
Mentally Ill	Yes			Female	58.5	1		
Provide Day Programming for			100.0			I		
Developmentally Disabled	No				100.0	1		

Method of Reimbursement

		Medicare			edicaid itle 19			Other]	Private Pay	:		amily Care			anaged Care			
Level of Care	No.	96	Per Diem (\$)	No.	%	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	90	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	1	4.3	132	0	0.0	0	0	0.0	0	1	1.5
Skilled Care	10	100.0	118	29	90.6	101	0	0.0	0	21	91.3	123	0	0.0	0	0	0.0	0	60	92.3
Intermediate				0	0.0	0	0	0.0	0	1	4.3	112	0	0.0	0	0	0.0	0	1	1.5
Limited Care				2	6.3	72	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	3.1
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				1	3.1	106	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.5
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	10	100.0		32	100.0		0	0.0		23	100.0		0	0.0		0	0.0		65	100.0

BLOOMFIELD MANOR NURSING HOME

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	ions, Services,	and Activities as of 12,	/31/02
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	21.6	Daily Living (ADL)	Independent	One	e Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	1.5		61.5	36.9	65
Other Nursing Homes	0.0	Dressing	16.9		60.0	23.1	65
Acute Care Hospitals	69.1	Transferring	30.8		43.1	26.2	65
Psych. HospMR/DD Facilities	3.1	Toilet Use	23.1		46.2	30.8	65
Rehabilitation Hospitals	0.0		60.0		24.6	15.4	65
Other Locations	6.2	* * * * * * * * * * * * * * * * * * *	*****	*****	****	******	*****
Total Number of Admissions	97	Continence		용	Special Treatr	nents	%
Percent Discharges To:		Indwelling Or Extern	al Catheter	9.2	Receiving Re	espiratory Care	3.1
Private Home/No Home Health	56.0	Occ/Freq. Incontinen	t of Bladder	49.2	Receiving Tr	racheostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontinen	t of Bowel	30.8	Receiving Su	ıctioning	0.0
Other Nursing Homes	0.0				Receiving Os	stomy Care	4.6
Acute Care Hospitals	5.0	Mobility			Receiving Tu	ıbe Feeding	0.0
Psych. HospMR/DD Facilities	2.0	Physically Restraine	d	1.5	Receiving Me	echanically Altered Diet:	s 40.0
Rehabilitation Hospitals	0.0						
Other Locations	2.0	Skin Care			Other Resident	Characteristics	
Deaths	35.0	With Pressure Sores		3.1	Have Advance	e Directives	63.1
Total Number of Discharges		With Rashes		0.0	Medications		
(Including Deaths)	100	I			Receiving Ps	sychoactive Drugs	66.2

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

		Owne	ership:	Bed	Size:	Lic	ensure:				
	This	Government		50	-99	Ski	lled	Al	1		
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities		
	ଚ	%	Ratio	용	Ratio	엉	Ratio	ଚ	Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	73.2	86.3	0.85	83.5	0.88	83.3	0.88	85.1	0.86		
Current Residents from In-County	78.5	75.8	1.04	72.9	1.08	75.8	1.03	76.6	1.02		
Admissions from In-County, Still Residing	23.7	27.1	0.88	22.2	1.07	22.0	1.08	20.3	1.17		
Admissions/Average Daily Census	144.8	96.4	1.50	110.2	1.31	118.1	1.23	133.4	1.09		
Discharges/Average Daily Census	149.3	98.7	1.51	112.5	1.33	120.6	1.24	135.3	1.10		
Discharges To Private Residence/Average Daily Census	83.6	41.6	2.01	44.5	1.88	49.9	1.67	56.6	1.48		
Residents Receiving Skilled Care	93.8	91.9	1.02	93.5	1.00	93.5	1.00	86.3	1.09		
Residents Aged 65 and Older	96.9	87.8	1.10	93.5	1.04	93.8	1.03	87.7	1.11		
Title 19 (Medicaid) Funded Residents	49.2	67.7	0.73	67.1	0.73	70.5	0.70	67.5	0.73		
Private Pay Funded Residents	35.4	19.7	1.79	21.5	1.64	19.3	1.84	21.0	1.68		
Developmentally Disabled Residents	1.5	0.6	2.51	0.7	2.07	0.7	2.13	7.1	0.22		
Mentally Ill Residents	49.2	47.5	1.04	39.0	1.26	37.7	1.31	33.3	1.48		
General Medical Service Residents	12.3	15.9	0.77	17.6	0.70	18.1	0.68	20.5	0.60		
Impaired ADL (Mean)	50.2	47.8	1.05	46.9	1.07	47.5	1.06	49.3	1.02		
Psychological Problems	66.2	56.9	1.16	54.6	1.21	52.9	1.25	54.0	1.23		
Nursing Care Required (Mean)	6.3	5.9	1.07	6.8	0.94	6.8	0.94	7.2	0.88		